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Health Facilities Review Committee

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Annual Report

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ANNUAL REPORT: 1982

of

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

Submitted to

The Honourable D. J. Russell

Minister of Hospitals and Medical Care

Alberta

HEALTH FACILITIES REVIEW COMMITTEE

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30 April 1983

The Honourable David Russell,
Minister of Hospitals and Medical Care,
Room 420, Legislature Building,
Edmonton, Alberta.

Dear Mr. Russell:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending 31 December 1982.

Respectfully submitted,

Dennis L. Anderson, M.L.A.
Chairman

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INTRODUCTION

The Alberta Hospital Visitors Committee was established by the Alberta Hospital Visitors Committee Act in 1972, with a mandate to visit and inspect health facilities throughout the Province. Institutions included were Active Treatment Hospitals, Auxiliary Hospitals, Nursing Homes, Mental Health Facilities, and Homes for Special Care. The Act was amended in 1973 to include Senior Citizens Lodges and Contract Nursing Homes. The first meeting of the Committee took place in November 1973, and the first visits in March 1974.

An amendment in November 1978 changed the name to the Alberta Health Facilities Review Committee, and clarified the Committee's authority to receive and investigate complaints. The investigation of complaints had always been part of the Committee's role, but it was felt that it should be clearly stated that the Committee's mandate included the investigation of complaints in private nursing homes.

Social Services and Community Health institutions were removed from the Committee's mandate, and the Social Care Facilities Review Committee was established to undertake this responsibility.

The revised Alberta Health Facilities Review Committee Act was proclaimed in August 1980. The Act provides broad terms of reference for the Committee's activities, excluding only access to individual treatment records and financial records of the institution.

In executing the Committee's mandate in 1982, members have made routine, unannounced visits to 226 health care facilities and senior citizens' lodges, received and investigated 64 complaints, and made recommendations to the Minister of Hospitals and Medical Care, the Minister of Housing, and to local Boards.

The point is sometimes made that the Committee does not have the authority to enforce the Act, the Regulations, or the Committee's recommendations. We are not sure what kind of "authority" is perceived as being

necessary, but we believe that the Committee's work is more effective if it is not carried out in an authoritarian manner. We have found that most administrations co-operate willingly in making changes, improving services, or finding solutions to complaints.

The ultimate authority lies with the Minister of Hospitals and Medical Care and, in the case of lodges, with the Minister of Housing. When the Committee is unable to obtain co-operation in dealing with problems, the matter is brought to the attention of the appropriate Minister.

The response to the Committee's recommendations by the two Ministries and by local Boards has been gratifying, and our members have been pleased with the co-operation they have received from the Boards, administrators and staff of the facilities visited.

ACTIVITIES

REGULAR MEETINGS

Meetings of the Committee are held regularly, usually at monthly intervals. The Committee's schedule for the forthcoming month is approved, reports are presented on institutions visited, and the status of complaints under investigation is reviewed.

Twelve regular meetings were held during 1982: one two-day meeting and eleven one-day meetings.

Discussions were held with the following:

The Honourable D. Russell,
Minister of Hospitals and Medical Care

Universal Nursing Home Association:

Mr. C. Bond, Vice President
Mr. W. Jappy
Mr. P. Rushforth
Mr. C. Whitelaw, Executive Director

Council on Aging:

Mr. E. Stewart Bishop, President
Mr. Don Aitkens, Board Member
Mrs. Helena Reeves, Board Member
Mr. Rein Selles, Executive Director

Alberta Hospital Association:

Mr. Bud Pals, President
Mr. D. MacGregor, Executive Director

VISITS:

Visits to institutions are planned monthly, and are authorized by resolution of the Committee. A visiting team is usually made up of two or three members. Time spent at each institution on such visits may be up to two days, depending on the size of the institution. Visits are unannounced.

The visiting team reports on care, atmosphere, comfort, food, activities and programs, community involvement, patient/guest morale, staff morale and general attitudes, and physical plant. After meeting with the administration and being shown through the building, members conduct the visit unaccompanied by staff. Discussions with patients, staff and visitors are, as often as possible, on a one-to-one basis. The Committee sees its role as that of considering the institution from a layman's point of view.

The visiting members prepare a written report on the institution for the Committee's records, and the findings of the visit are discussed by the Committee as a whole at the

next regular meeting. When concerns are expressed or favourable comments made to the visiting members, they are brought to the attention of the facility's administration and/or Board, and in some cases the appropriate Government Minister, by letter and/or verbally. Where necessary, the Committee schedules a follow-up visit to check and monitor a particular situation.

A total of 1,413 visits have been made to institutions since the Alberta Health Facilities Review Committee began its work in 1974.

The following lists, Institutions Visited in 1982, do not include visits to institutions to investigate complaints.

INSTITUTIONS VISITED IN 1982

GENERAL HOSPITALS (74):

Athabasca Municipal Hospital
Banff - Mineral Springs General Hospital
Barrhead General Hospital
Bassano General Hospital
Berwyn Municipal Hospital
Blairmore - Crowsnest Pass General Hospital
Boyle General Hospital
Breton General Hospital
Brooks General Hospital
Calgary - Holy Cross Hospital
Calgary - Salvation Army Grace General Hospital
Calgary - Colonel Belcher General Hospital
Camrose - St. Mary's General Hospital
Canmore Municipal Hospital
Cereal Municipal Hospital
Claresholm General Hospital
Coaldale Community Hospital
Cold Lake - John Neil General Hospital
Consort Municipal Hospital
Coronation Municipal Hospital
Daysland General Hospital
Didsbury Municipal Hospital
Drayton Valley General Hospital
Drumheller General Hospital
Edmonton - Charles Camsell Hospital
Edmonton - Dr. W. W. Cross Cancer Institute
Edmonton - Glenrose Provincial General Hospital
Edmonton - Colonel Mewburn Pavilion
Edmonton - Misericordia General Hospital
Edson - St. John's Health Care Complex
Elnora General Hospital
Empress Municipal Hospital
Fort McMurray General Hospital
Fort Vermilion - St. Theresa General Hospital
Galahad General Hospital
Grande Cache General Hospital

Hanna General Hospital
Hardisty General Hospital
High Level Community Health Care Centre
High Prairie Regional Health Care Complex
High River General Hospital
Hythe Municipal Hospital
Innisfail General Hospital
Killam General Hospital
Lamont - Archer Memorial Hospital
Leduc Municipal Hospital
Lethbridge Municipal Hospital
Lethbridge - St. Michael's General Hospital
Manning Municipal Hospital
Medicine Hat General Hospital
Mundare - Mary Immaculate General Hospital
Myrnam Municipal Hospital
Oyen - Big Country General Hospital
Peace River Municipal Hospital
Picture Butte Municipal Hospital
Ponoka General Hospital
Provost Municipal Hospital
Radway - St. Joseph's General Hospital
Raymond Municipal Hospital
Red Deer General Hospital
Redwater - Thorhild County General Hospital
Rimbey General Hospital
Slave Lake General Hospital
Smoky Lake - George McDougall Memorial Hospital
Stony Plain Municipal Hospital
St. Paul - St. Therese General Hospital
Three Hills Municipal Hospital
Trochu - St. Mary's General Hospital
Two Hills Municipal Hospital
Viking Municipal Hospital
Vulcan Municipal Hospital
Westlock - Immaculata General Hospital
Wetaskiwin General Hospital
Willingdon - Mary Immaculate General Hospital

AUXILIARY HOSPITALS (20):

Calgary - Bethany Care Centre
Calgary - Sarcee Auxiliary Hospital
Camrose - Bethany Auxiliary Hospital
Claresholm - Willow Creek-Claresholm Auxiliary Hospital
Didsbury - Mountain View-Kneehill Auxiliary Hospital
Drumheller - J. Cramer Auxiliary Hospital
Edmonton - Allen Gray Auxiliary Hospital
Edmonton - Dickinsfield Extended Care Centre
Edmonton - Good Samaritan Auxiliary Hospital
Killam - Flagstaff-Beaver Auxiliary Hospital
Lamont Auxiliary Hospital
Lethbridge Auxiliary Hospital
Lloydminster Auxiliary Hospital
Medicine Hat - Dr. Dan MacCharles Auxiliary Hospital
Peace River - Peace River-Fairview Auxiliary Hospital
Red Deer - Dr. Richard Parsons Auxiliary Hospital
Rimbey Auxiliary Hospital
Westlock - Barrhead-Thorhild-Westlock Auxiliary Hospital
Wetaskiwin Auxiliary Hospital
Whitelaw - Hotel-Dieu of St. Joseph Auxiliary Hospital

NURSING HOMES (57):

Athabasca - Extendicare Nursing Home
Barrhead Nursing Home
Blairmore - Crowsnest Pass Nursing Home
Brooks - Newell Nursing Home
Calgary - Beverly Nursing Home
Calgary - Brentwood Nursing Home
Calgary - Central Park Lodge Nursing Home
Calgary - Cedars Villa Nursing Home
Calgary - Chinook Nursing Home
Calgary - Extendicare Nursing Home
Calgary - Forest Grove Nursing Home
Calgary - George Boyack Nursing Home
Calgary - Glamorgan Nursing Home
Calgary - Mayfair Nursing Home
Calgary - Scottish Nursing Home
Calgary - Southwood Nursing Home
Camrose - Bethany Nursing Home
Cardston - Grandview Nursing Home
Coronation - Coronation-Paintearth Nursing Home
Didsbury - Mountain View-Kneehill Nursing Home
Drumheller - Dr. T. R. Ross Memorial Nursing Home
Edmonton - Dr. Angus McGugan Nursing Home
Edmonton - Central Park Lodge Nursing Home (Lendrum)
Edmonton - Extendicare Nursing Home (North)
Edmonton - Good Samaritan Nursing Home (Mount Pleasant)
Edmonton - Good Samaritan Nursing Home (Southgate)
Edmonton - Jasper Place Central Park Lodge Nursing Home
Edmonton - Jubilee Lodge Nursing Home
Edson Nursing Home
Fort Macleod - Extendicare Nursing Home
Grande Prairie - Central Park Lodge Nursing Home
Hanna - Palliser Nursing Home
High Prairie - J. B. Wood Nursing Home
High River Nursing Home

Lamont Nursing Home
Leduc - Extendicare Nursing Home
Leduc - Salem Manor Nursing Home
Lethbridge - Edith Cavell Nursing Home
Lethbridge - Extendicare Nursing Home
Lethbridge - Southland Nursing Home
Lloydminster - Dr. Cooke Nursing Home
Medicine Hat - Central Park Lodge Nursing Home
Midnapore - Father Lacombe Nursing Home
Peace River - Sutherland Nursing Home
Ponoka - Northcott Lodge Nursing Home
Provost and District Nursing Home
Red Deer Nursing Home
Red Deer - West Park Nursing Home
Red Deer - Valley Park Manor Nursing Home
Smoky Lake Nursing Home
Stony Plain - Good Samaritan Nursing Home
St. Paul - Extendicare Nursing Home
Two Hills - Eagleview Nursing Home
Viking - Extendicare Nursing Home
Vulcan - Extendicare Nursing Home
Westlock Nursing Home
Wetaskiwin Nursing Home

LODGES (75):

Andrew Senior Citizens' Lodge
Athabasca - Pleasant Valley Lodge
Barrhead - Hillcrest Senior Citizens' Lodge
Bassano - Playfair Lodge
Berwyn - Autumn Lodge
Black Diamond - High Country Lodge
Blairmore - York Creek Lodge
Boyle - Wildrose Villa
Brooks - Newbrook Lodge
Calgary - Beaver Dam Lodge
Calgary - Bow Valley Lodge 100
Calgary - Bow Valley Lodge 200
Calgary - Bow Valley Lodge 300
Calgary - Bow Valley Lodge 1100
Calgary - Confederation Park Lodge
Calgary - Elbow Valley Lodge 700
Calgary - Elbow Valley Lodge 800
Calgary - Jacques Lodge 400
Calgary - Jacques Lodge 500
Calgary - Jacques Lodge 600
Calgary - James Shouldice Lodge 1300
Calgary - Rundle Lodge 900
Calgary - Valleyview Lodge 1400
Camrose - Stoney Creek Lodge
Canmore - Bow River Lodge
Claresholm - Porcupine Hills Lodge
Coaldale - Sunny South Lodge
Cochrane Senior Citizens' Lodge
Cold Lake Senior Citizens' Lodge
Consort Senior Citizens' Lodge
Crossfield - Rocky View Lodge
Drayton Valley - Shangri La Lodge
Drumheller - Sunshine Lodge
Edmonton - Belvedere Lodge
Edson - Parkland Lodge
Fort Macleod - Pioneer Lodge
Grande Prairie - Heritage Lodge
Grande Prairie - Pioneer Lodge
Hanna Lodge
High Prairie - Pleasant View Lodge
High River - Medicine Tree Manor
Hythe Pioneer Home

Innisfail - Autumn Glen Lodge
Lamont - Beaverhill Pioneer Lodge
Leduc - Planeview Manor
Lethbridge - Golden Acres Lodge
Lloydminster - Pioneer Lodge
Manning - Del-Air Lodge
Morinville - Heritage Place Lodge
Mundare - Father Filas Lodge
Myrnam - Eagle View Lodge
Nanton - Silver Willow Lodge
Olds - Mount View Lodge
Oyen Senior Citizens' Lodge
Picture Butte - Piyami Lodge
Ponoka - Rimoka Lodge
Provost - Hillcrest Lodge
Raymond - Ridge View Lodge
Red Deer - Pines Lodge
Red Deer - Twilight Lodge
Rimbey - Parkland Manor
Sedgewick - Flagstaff Lodge
Smoky Lake - Bar-V-Nook Manor
Stony Plain - Meridian Lodge
Strathmore - Wheatland Lodge
St. Paul - Sunnyside Manor
Thorhild Lodge
Three Hills - Golden Hills Lodge
Two Hills - Hillside Senior Citizens' Lodge
Viking - Vialta Lodge
Vulcan - Peter Dawson Lodge
Westlock - Pembina Lodge
Wetaskiwin - Peace Hills Lodge
Willingdon - Eagle Hill Manor
Winfield - West Pine Lodge

COMPLAINTS:

The Committee receives written and telephoned complaints in addition to those received during visits. They take precedence over routine visits and are investigated as soon as possible. Exceptions to this are concerns of a non-urgent nature which do not affect patient care. These are investigated on the next routine visit to the institution.

The question of investigating anonymous complaints has been debated from time to time, and the Committee has adopted the practice of accepting such complaints when they appear serious enough to warrant investigation. The Committee has chosen to do this because it is recognized that patients and relatives sometimes fear that staff's attitudes towards them may change if they lodge a complaint. This fear might be unfounded, but we can understand that people who are completely dependent on the service of others do feel vulnerable.

In 1982, the Committee received 64 complaints.

General Hospitals	10
Auxiliary Hospitals	9
Nursing Homes	25
Senior Citizens' Lodges	18
Other	2

One complaint carried over from 1981 was investigated and resolved.

1982 Complaints:

Resolved	37
Recommendations made - under review	8
To be investigated on next routine visit	1
Outside Committee's jurisdiction	4
Withdrawn by complainant	1
Referred to Local Board	1
Referred to College of Physicians and Surgeons	1
Referred to City of Calgary	1
Referred to Department of Housing and Public Works	1
Under investigation at end of 1982	9
	64

NATURE OF COMPLAINTS:

General Hospitals:

- Alleged overcrowding and fire hazard.
- Poor nursing care.
- Treatment received in emergency and admitting departments.
- Confidential information disclosed by staff member.
- Concern about hospital boards.
- Care of patients in paediatric ward.
- Poor staff attitude.
- Competence of physician.
- Privileges of physician.
- Termination of employee.
- Patient injured in fall.
- Cold food.

Auxiliary Hospitals:

- Poor patient care.
- Poor staff attitude.
- Separation of husband and wife.
- Lack of sensitivity on part of staff.
- Clothes being used by other patients.

Nursing Homes:

- Patient care.
- Poor administration.
- Patients in bed too early in evening.
- Non-professional staff giving insulin injections.
- Alleged dehydration of patients.
- Patient not permitted to use wheelchair.
- No notification of relative's worsening condition.
- Medications not reviewed frequently enough.
- Lack of in-service training.
- Leave of absence for patient.
- Refund of overpayment not received.
- Married couple in separate rooms.
- Alleged verbal abuse and racisim.

- Toilets too high.
- Shortage of staff.
- Hallways dark after 8 p.m.
- Poor maintenance.
- Handling of medications.
- Poor charting.
- Uncaring staff.
- Financial accountability.
- Missing possessions.
- Patient did not wish to move to auxiliary hospital.
- Patient scalded herself with hot water.
- Falls suffered by patient.
- Overcharging for drugs.
- Administration refused to allow friend to visit patient.
- Food: Poorly prepared.
  Poor quality.
  Insufficient quantity.
  No fresh fruit.
  Too much salt.

Lodges:

- Food.
- Behaviour of fellow residents.
- Sharing of room by unmarried couple.
- Refund of amount overcharged not received.
- Lack of programs.
- Poor maintenance of lodge and grounds.
- Poor snow clearance.
- Difficult working relationships between administration and staff.
- Staff member having difficulty collecting sick pay.
- Residents displeased with actions of Board.
- Resident unable to tolerate cigarette smoke.
- Heavy trucks causing too much noise.
- Some residents requiring nursing home care.
- Wheelchair wrong height for resident's comfort.
- Poor administration.
- Uncomfortably high temperatures.
- Uncomfortably low temperatures.

- Food: Not sufficient.
  Poor quality.
  No fresh vegetables.
  Poorly prepared.
- No one on duty at night.
- Fire alarms not working.

Miscellaneous:

- Difficulty in obtaining properly fitting artificial leg.
- High cost of drugs.

EXAMPLES OF COMPLAINTS

General Hospitals:

Complaint of serious overcrowding in maternity ward, and that eight or nine patients' beds had been placed in a hallway for as long as twelve hours at a time. The Fire Marshall had investigated and had ordered the beds removed from the halls.

At the time of the investigation, committee members were told that the problem had been reviewed by the medical staff, nursing staff and the Fire Marshall. Due to a large increase in the number of births, patients had been held in the hallways while waiting for rooms to be vacated. Early discharges had been implemented to decrease the crowding situation, and areas were located in the hallways where patients could be placed if no beds were available in rooms. These areas had been approved by the Fire Marshall, and none of these areas interfered with exits or elevators.

During the visit, members found the obstetrical floor to be orderly, with no evidence of overcrowding. There were no beds in any of the hallways, and the areas approved for emergency use appeared to be appropriately selected.

Auxiliary Hospitals:

Complaint of insensitivity towards the family of a deceased patient.

A son had visited his father in an auxiliary hospital in the morning, had gone back to visit him at 6 p.m. and had found his father dead. He believed that his father had been dead for some time, and said that the staff were insensitive and unhelpful.

Committee members interviewed the Administrator, the Director of Nursing, the Assistant Administrator, the Charge Nurse, the Inservice Co-ordinator, and the patient's physician.

Staff and physician said that the patient's condition had been stable until a few days before his death, and that his death was not expected. Committee members found no reason to believe that the patient was receiving anything but the normally good level of care provided at this facility.

The hospital is taking measures to ensure that staff members are sensitive to families at such difficult times, and it is incumbent on the hospital to see that these measures succeed. There is an in-service training program on caring for the aged offered to staff on all shifts,

and a palliative care program is being implemented. Pastoral care is available, and a social worker is being hired. Staff are on permanent shifts, but the hospital is taking steps to provide occasional rotation to days for some staff to give them wider exposure to hospital services. The Committee recommended that the hospital seriously consider developing a family support program to improve the family understanding and involvement of the patient, his or her care, and the hospital.

Nursing Homes:

A father complained that his daughter, who was a patient in a nursing home, had been transferred to an active treatment hospital with badly scalded feet.

Because no staff member had been present, it was not possible to establish exactly how the accident had occurred. Staff believed that the patient had drawn water from the hot tap in her room into a foot basin, and had then stepped into the basin. The patient suffered from a condition which prevented her from reacting quickly to pain, and she was severely burned.

During the investigation, committee members found that the temperature of the water was extremely high, and administration said that very hot water was necessary for kitchen and laundry purposes. We agreed that this was so,

but pointed out the extreme danger of having scalding hot water available from taps in patients' rooms and in bathrooms. We recommended that controls be installed to direct the hot (180° F.) water to the kitchen and laundry area, and provide for an intake of cold water to lower the temperature of water accessible to patients to 108° F.

Committee members found the administration and staff of the nursing home to be co-operative and sincerely concerned about the accident, and the necessary modifications to the hot water supply were made.

Senior Citizens' Lodges:

Complaints that the food was insufficient and unappetizing.

The lodge was visited for meals, the staff and 60% of the residents were interviewed and a meeting held with the Board.

Because of the number of people who complained, it was evident that there was something seriously wrong with the food service. The morale of the residents was not good, and there was very little community involvement in the lodge. A number of residents wished to move out if they could find accommodation in another lodge.

Recommendations made to the Board were that immediate steps must be taken to improve the food service. Menus should be written by a dietician and the Board must insist that they are followed. The menus should be posted in a public place where they can be seen by residents and visitors. An examination should be made of the storage of food in the lodge. The amount of money set aside for purchasing food is to be increased.

Board members were receptive and anxious to improve the food service and the administration of the lodge.

The lodge will be revisited from time to time to ensure that improvements are being carried out.

SURVEY of ALBERTA SENIOR CITIZENS' LODGES:

The Committee is the only independent body that visits and reviews all Senior Citizens' Lodges in Alberta, and during the past eight years a change in the type of resident living in lodges has been noted. To determine directly and quantifiably the level of care and types of activities in lodges, the Committee conducted a mail-out survey of all lodges in Alberta in June 1982, and the results of the key questions of that survey were compiled and discussed in the report, Survey of Alberta Senior Citizens' Lodges.

The survey was conducted with the approval of the Honourable Tom Chambers, Minister of Housing and Public Works, and of the Senior Citizens' Homes Association. The Senior Citizens' Bureau of the Department of Social Services and Community Health assisted in compiling the results.

A limited number of copies of the survey are available from the Committee's office on request.

OBSERVATIONS

ACTIVE TREATMENT HOSPITALS:

1. In active treatment hospitals during the past year we have noted a trend towards a more stable staffing pattern. The previous high rate of staff changeover has decreased, perhaps due to the downturn in the economy.

2. There has been an increase in 12-hour shifts for nursing staff, and nurses have told Committee members that they prefer this schedule. Administrators have said they find it more workable, and say that it has the added benefit of giving the patient continuity of care.

3. Average length of stay in hospital has decreased, with a corresponding increase in the number of patients treated in out-patients departments and day surgeries.

4. The problem of extended care patients in the smaller rural hospitals is still evident. As we have stated in previous reports, many of these patients are receiving only custodial care and an effort must be made to provide reactivation programs.

AUXILIARY HOSPITALS:

1. There has been an increase in the variety of activation programs and improved and more frequent patient care case conferences.

2. The number of heavy-care patients increased, and there was evidence in some facilities of staff being struck or otherwise harmed by psychogeriatric patients.

NURSING HOMES:

1. In the past few years more and more people who require auxiliary hospital care are remaining in nursing homes. Some nursing homes have as many as 25% auxiliary type patients. As the staffing pattern required by Nursing Homes Regulations does not allow for the extra nursing time required by such heavy care patients, it is urgent that this problem be addressed.

2. As in auxiliary hospitals, staff sometimes have serious difficulties in coping with confused or aggressive patients, and this problem should also be given priority.

3. Many nursing homes have excellent activity programs and in-service training for staff. In a few, however, it was noted that many patients were in bed for the night shortly after 6 p.m. with no nourishment served until breakfast the following morning.

SENIOR CITIZENS' LODGES:

1. The average age of the residents of Senior Citizens' lodges has increased, and a greater number are requiring some form of care. In many lodges, Home Care is providing valuable assistance in the areas of medication, bathing and dietary concerns. The specialized knowledge and expertise of Home Care personnel is proving helpful to matrons and staff, and can prolong the time that residents are able to remain in a lodge setting.

2. There is some anxiety among elderly residents that they may not be able to summon help when they require it. There have been instances where residents have fallen during the night and have been unable to call the matron. Some lodges check the rooms every two hours, and residents find this reassuring.

3. Door alarms are being fitted in lodges, as more residents need to be safeguarded against going outside unobserved, particularly in cold weather.

4. Many lodges have converted double rooms into singles, and the added privacy is greatly appreciated by residents.

5. In some lodges residents have commented that the furniture is not comfortable or suitable for elderly people. They have difficulty in getting out of low chairs for example.

6. Lodges close to community activity (stores, busy roads, malls, parks) appear to be popular with residents.

GENERAL:

1. Meals in nursing homes and lodges are often rushed, with three meals being compressed into one shift. This leaves a long period between the evening meal and breakfast. A light snack is usually served in the evening, but in some cases the snack is very light indeed.

2. Meals should be pleasant, social occasions but with the urgency to get the meal over, very often clearing away starts before the people who were last served have finished their meal.

3. There has been a general improvement in the quality and quantity of food being served. There is better variety, menus are better balanced nutritionally, and more institutions are posting menus in areas where they can be read by residents and visitors.

4. There has been an increase in planned activities and programs in nursing homes and lodges. Community involvement has also been expanded, probably as a result of an increase in the number of Activities Directors employed by health facilities. It is easier to attract volunteers in areas where well planned programs are directed by an activities co-ordinator.

COMMENDATIONS

1. Units for Handicapped:

There is increasing recognition of the need to provide accommodation in lodges for people using wheelchairs, and we were pleased to see the number of units being fitted for this purpose.

2. Opinion Surveys:

Calgary Auxiliary Hospital and Nursing Homes District Number 7, with the assistance of the University of Calgary, conducted a survey of patients and family members, asking for opinions on the services offered and suggestions for improvement.

Greater Edmonton Foundation (Senior Citizens' Lodges) also send out questionnaires periodically to their residents for their anonymous evaluation of the lodges.

3. Meals:

All senior citizens' lodges in Calgary, and others throughout the Province, such as Magrath, Athabasca and Cochrane, have added salad bars at the main meal. This has been very favourably received by residents.

Another innovation worth noting is that, in Canmore Lodge, meals for diabetic residents are cooked and served by a resident who is herself diabetic. She does the cooking and the men wash the dishes.

4. In-service Training:

Forest Grove Nursing Home, Calgary, has an impressive in-service training program for all staff. Dietary and cleaning staff also take Nurse I and II courses. Staff members are paid for the time they spend in training after hours, and extra staff are used to relieve personnel for training during their shifts.

5. Entertainment:

In Piyami Lodge, Picture Butte, residents have formed an entertainment committee, which arranges for outside entertainment to come into the lodge.

Many other facilities are making great efforts in the area of recreational activities, and have organized programs to suit a wide variety of interests.

6. General Hospitals:

Committee members were impressed by such hospitals as Hinton General. They commented on the active, progressive Board, administration and staff, who are sensitive to the needs of the community, and are serving them well.

RECOMMENDATIONS

1. Psychogeriatric and Mentally Ill Patients:

In recent years the emphasis has been on reducing the patient load in the large mental hospitals. This is a step forward, but it raises other problems. If patients are aggressive and difficult to handle, a burden is placed on the staff of some auxiliary hospitals and nursing homes where they are accommodated. Other patients become nervous and worried, and sometimes staff members are assaulted. This is a difficult problem, as the aggressive patients cannot be confined, and sedation as a temporary solution is not acceptable.

A study of this problem should be given some priority, and assistance offered to staff having to cope with these difficult patients, who perhaps should be under the care of psychiatric nurses or nurses with geriatric training.

2. Heavy care patients in nursing homes:

The value of multi-level care facilities is apparent and may become the norm in future years. In the meantime, the problem of auxiliary type patients in nursing homes requires immediate attention. We agree with the recommendation of the Nursing Home Review Panel (March 1982) that nursing home beds be reclassified to reflect the reality of the present situation, and funding and staffing be changed accordingly.

3. Extended care patients in small active treatment hospitals:

Reactivation, such as recreational programs, physiotherapy, reality orientation, etc., are required for the physical and mental wellbeing of these patients. We recommend that travelling teams visit the hospitals to set up programs and encourage participation.

4. Activities and recreation:

An increasing number of nursing homes have outstanding programs to interest and reactivate their patients, but others have very few planned activities. The services of an activities co-ordinator can be of great benefit in planning programs and motivating residents.

Patients should be encouraged to lead as normal a social life as possible. While it may be convenient for staff to put patients to bed as early as 6 p. m., such a practice could lead to loss of interest and disorientation in elderly patients.

Community participation should be sought, and volunteers encouraged to take part in programs and activities.

We would also stress the importance of families keeping in close touch with their relatives who are in nursing homes or extended care facilities. Continued contact with family and friends can relieve some of the stress of leaving home, and family members should be encouraged to play an active part in a patient's social life.

5. Residents' Councils:

Residents' Councils have proved successful in many institutions, and we recommend them to all nursing homes and lodges. Through such councils residents have an opportunity to discuss plans and concerns, and make their suggestions known to the administration.

6. Training:

The quality and number of in-service training programs still vary widely: some institutions have well planned courses of instruction and others offer very few training opportunities for their staff. The importance of in-service training cannot be stressed too often. We recommend that all institutions provide adequate programs and encourage their staff members to participate.

7. Consideration of Patients' Feelings:

Most staff members of health care institutions are considerate and professional in the care of their patients. However, there is occasionally a lack of sensitivity which offends patients.

One source of complaint by patients is that doctors, nurses, and other staff sometimes discuss them and their illnesses as though they were not present.

Another complaint received concerned the use of proper titles. A patient may object to being called by his/her first name, or, worse, by a made-up "affectionate" name. The staff member intends no insult, but the patient may feel a certain loss of dignity. It would be wise to use proper titles unless requested by the patient to use a more familiar name.

8. Multi-care facilities:

The value of multi-care facilities is becoming more and more obvious. Moving residents or patients to new and unfamiliar institutions as their need for care increases causes a great deal

of stress. Serious consideration should be given to providing facilities which could accommodate different levels of care (lodge, nursing home, and auxiliary), either in future construction or by adapting existing buildings.

MEMBERS OF THE COMMITTEE

Members are appointed by the Lieutenant Governor in Council.

Chairman:	Catherine Chichak, M.L.A. (Resigned Nov. 1982)
Chairman:	Dennis L. Anderson, M.L.A. (Appointed Dec. 1982)
Vice Chairman:	Colleen M. Wood, Edmonton
Members:	Ed Andersen, Marwayne Charles Anderson, M.L.A. (Resigned Nov. 1982) Betty Biddell, Medicine Hat Louise Clare, Grimshaw Bill Edgar, Olds Brian Elliott, Grande Prairie Bernice McManus, Calgary Henry Rutkowski, Edmonton Kevin Taft, Edmonton (Resigned Dec. 1982) Bob Worden, Midnapore
Administrative Assistant:	Amelia Griffin

Mrs. Catherine Chichak, M.L.A. resigned in November 1982, and Mr. Dennis L. Anderson, M.L.A. was appointed Chairman in December 1982. Dr. Charles Anderson, M.L.A. resigned in November 1982, and Mr. Kevin Taft resigned in December 1982.

We wish to express our sincere appreciation to Mrs. Chichak, Dr. Anderson and Mr. Taft for their valuable contribution to the work of the Committee.

OFFICE

The office of the Committee is on the 2nd Floor of the Pacific Plaza, 10909 Jasper Avenue, Edmonton, T5J 3M9. Tel. 427-4924.

GOVERNMENT OF THE PROVINCE OF ALBERTA

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE ACT

being chapter 49 of the Statutes of Alberta, 1972
with amendments up to and including November 3, 1978

OFFICE CONSOLIDATION

Printed by Queen's Printer

11510 Kingsway Ave.
Edmonton, T5G 2Y5
427-4952

Rm. 204, J.J. Bowlen Bldg.
620-7th Ave. S.W.
Calgary, T2P 0Y8
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NOTE

All persons making use of this consolidation are reminded that it has no legislative sanction; that the amendments have been embodied for convenience of reference only, and that the original Acts should be consulted for all purposes of interpreting and applying the law.

REGULATIONS

The following is a list of regulations made under *The Alberta Health Facilities Review Committee Act* that are filed as Alberta Regulations under *The Regulations Act* as of the time of the preparation of this consolidation for printing:

Alberta Health Facilities Review Committee Act	Alta. Reg.
Rules	55/74
Amended	29/77

1972

CHAPTER 49

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE ACT

(Assented to June 2, 1972)

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act

(a) repealed 1977 c62 s12(1);

(b) "Committee" means the Alberta Health Facilities Review Committee;

(c) "hospital" means

(i) an approved hospital under *The Alberta Hospitals Act,* or

(ii) a hospital, institution or other facility, or any part thereof, designated by the Lieutenant Governor in Council under *The Mental Health Act, 1972,* as a hospital for the purpose of that Act, or

(iii) any other hospital, institution or other facility for the treatment and care of persons that is owned and operated by the Government of Alberta, or

(iv) a contract nursing home as defined in *The Nursing Homes Act,* or

(v) a home or unit operated under *The Senior Citizens Housing Act;*

(d) "Minister" means the Minister of Hospitals and Medical Care;

(e) "patient", with reference to a home or unit operated under *The Senior Citizens Housing Act,* means a person who resides in that home or unit.

1972 c49 s1;1973 c29 s2(2,3);1974 c69 s3(2);
1975(2) c21 ss1,4(a);1977 c62 s12(1)
*Eff. Jan. 1/78;*1978 c62 s3;1978 c73 s17

Alberta Health Facilities Review Committee

2(1) There is hereby established a committee called the "Alberta Health Facilities Review Committee" consisting of not more than 12 members appointed by the Lieutenant Governor in Council.

(2) The members of the Committee appointed under subsection (1) may include members of the Legislative Assembly who are not members of the Executive Council.

(3) An order under subsection (1) appointing a member of the Committee may provide for his term of office but in the absence of such a provision, the term of office of a member is one year from the effective date of his appointment and thereafter until his successor is appointed.

(4) The Lieutenant Governor in Council shall designate one of the members of the Committee as chairman and another as a vice-chairman and, unless the order otherwise provides, the term of office of a chairman or vice-chairman so designated shall be one year from the effective date of the designation and until their respective successors are thereafter designated.

(5) The vice-chairman shall be the acting chairman of the Committee in the event of the absence or inability to act of the chairman or a vacancy in the office of chairman.

1972 c49 s2;1978 c62 s3

Remuneration and expenses

3(1) The Lieutenant Governor in Council

(a) may prescribe the rates of remuneration payable to members of the Committee other than those who are members of the Legislative Assembly, employees of the Government or members or employees of an agency of the Government, and

(b) may authorize the payment of travelling and living expenses for members of the Committee while outside their normal place of residence in the course of performing their duties.

(2) The receipt by a member of the Legislative Assembly of any expenses pursuant to an order under subsection (1), clause (b) does not operate to make that person ineligible to be a member of the Assembly or to sit or vote in the Assembly.

1972 c49 s3

Staff

4 The Minister shall provide to the Committee the services of employees and supplies, for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to perform its functions under this Act.

1972 c49 s4;1975(2) c21 s4(b);1977 c62 s12(1)

Eff. Jan. 1/78

Meetings

5 The Committee may, with the approval of the Lieutenant Governor in Council, make rules governing the calling of its meetings, the quorum required at its meetings, the procedure at its meetings and any other matter relating to the conduct of its business and affairs.

1972 c49 s5

Visiting and inspection of hospitals

6(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) Without restricting the generality of subsection (1), the Committee may in the course of visiting a hospital inquire into

(a) the care, treatment, rehabilitation and general attitudes of patients in the hospital,

(b) general attitudes of the hospital's employees, and

(c) the planning and general programs, and the co-ordination of planning and programs, for the care, treatment and rehabilitation of patients and the prevention of disease.

(2.1) Without restricting the generality of subsection (1), the Committee may, upon receipt of a complaint made by or on behalf of a patient in a contract nursing home as defined in *The Nursing Homes Act,* investigate the operation of the contract nursing home or the care and treatment received by that patient or any other patient in the contract nursing home.

(3) If authorized to do so by a resolution of the Committee, one or more members of the Committee may visit a hospital or make an investigation in respect of a contract nursing home and where a visit or investigation is made by that member or those members

(a) the visit or investigation shall, for the purposes of this Act, be treated as being a visit or investigation by the whole Committee, and

(b) the member or members conducting the visit or investigation have the same powers as the Committee itself.

(4) The Minister may from time to time request the Committee to conduct a visit to any hospital for the purpose of reporting to the Minister on any matter that the Minister may specify in his request.

(5) The Committee may, subject to the approval of the Minister, authorize an employee of the Government to carry out any specific inquiry on the Committee's behalf and to report to the Committee thereon, and for that purpose the employee has the same powers as the Committee itself under section 7.

(6) Nothing in this section shall be construed as empowering the Committee or any other person to inquire into the financial affairs of a hospital.

1972 c49 s6;1975(2) c21 s4(c);1977 c62 s12(1)
Eff. Jan. 1/78;1978 c62 s4

Inspection of hospital records

7(1) For the purposes of carrying out its duties under section 6, the Committee is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) financial records of the hospital, or

(b) records relating to diagnoses, treatment or care provided in respect of an individual patient.

1972 c49 s7

Annual report

8(1) As soon as possible after the end of each year, the Committee shall prepare and submit to the Minister a report summarizing its activities in that year.

(2) Upon receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the next ensuing session.

1972 c49 s8

Coming into force

9 This Act comes into force on the day upon which it is assented to.

1972 c49 s9

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE ACT

Alberta Health Facilities Review Committee see **Committee**

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Bill 28
Mrs. Chichak

Supplied by
Queen's Printer
11510 Kingsway Ave
Edmonton T5G 2Y5
or
Rm 204, J J Bowlen Bldg
620 - 7th Ave S W
Calgary T2P 0Y8

Price
45¢

1980

CHAPTER 22

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE AMENDMENT ACT, 1980

(Assented to May 22, 1980)

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

1972 c49

1 The Alberta Health Facilities Review Committee Act is amended by this Act.

2 Section 1(b) is amended by adding "and includes a sub-committee established under section 2.1" *after* "Review Committee".

3 The following is added after section 2:

Sub-committee

2.1(1) The Committee may

(a) establish one or more sub-committees to perform those duties and functions and exercise those powers of the Committee as prescribed by the Committee, and

(b) appoint as members of a sub-committee not less than 3 members of the Committee.

(2) When a sub-committee is established, the Committee shall designate a member of a sub-committee to preside over the sub-committee.

(3) A member of the Committee may be appointed to more than one sub-committee.

(4) A majority of the members appointed to a sub-committee constitute a quorum of the sub-committee.

(5) A decision or other action made or taken by a sub-committee at which its quorum is present is the decision or action of the Committee and binds all members of the Committee.

(6) Two or more sub-committees may act simultaneously.

(7) If a sub-committee is performing a duty or function or exercising its powers and one or more members of the sub-committee is absent during a portion of the time that the sub-committee is performing a duty or function or exercising a power, the remaining members of the sub-committee that are present may, if they constitute a quorum of the sub-committee, perform the duty or function and exercise the power of the sub-committee.

(8) Notwithstanding that a sub-committee is established under this section, the Committee may also perform any duty or function or exercise any power that it prescribed the sub-committee to perform or exercise.

4 Section 4 is repealed and the following is substituted:

Staff

4(1) The Minister may appoint an employee of the Government under his administration as the Executive Director of the Committee who shall under the direction of the chairman of the Committee assist the Committee in carrying out its duties and functions and exercising its powers.

(2) The Minister shall provide to the Committee the services of employees of the Government under his administration and supplies for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to carry out its duties and functions and exercise its powers.

5 Sections 6 and 7 are repealed and the following is substituted:

Visiting hospital

6(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) The Minister may from time to time request the Committee to conduct a visit to a hospital for the purposes of reporting to the Minister on any matter that the Minister may specify in his request.

Investigation of hospital

6.1 If a complaint is made to the Committee by or on behalf of a patient in a hospital, the Committee shall investigate the care and treatment and the standards of accommodation received by that patient or any other patient in the hospital.

Entry of hospital

6.2 For the purpose of carrying out a visit or an investigation under this Act the Committee may enter a hospital at any reasonable hour.

Inspection of hospital records

7(1) The Committee, with respect to a visit or an investigation under this Act, is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) the financial records of the hospital that relate to the operation of the hospital, or

(b) the medical and clinical records of a patient unless the patient or his guardian gives his consent to those records being inspected.

Exemption

7.1 Nothing in this Act shall be construed as empowering the Committee or other person acting under this Act to inquire into the financial affairs of the hospital that relate to the operation of the hospital.

Persons acting on behalf of Committee

7.2(1) The Committee may authorize

(a) a member of the Committee to carry out a visit or investigation on behalf of the Committee, or

(b) subject to the approval of the Minister, an employee of the Government under the Minister's administration to carry out a specific inquiry on behalf of the Committee in respect of a visit or investigation.

(2) When a member of the Committee or other person has carried out a visit, investigation or specific inquiry on behalf of the Committee, that member or person shall report his findings to the Committee.

Complaint officer

7.3(1) The Committee may designate

(a) a member of the Committee, or

(b) with the approval of the Minister, an employee of the Government who is under the administration of the Minister,

as a complaint officer.

(2) The complaint officer shall on behalf of the Committee

(a) make preliminary inquiries, or

(b) if directed to do so by the chairman of the Committee, make investigations

into complaints received under section 6.1 and report the results of the inquiry or investigation to the Committee.

(3) Members of the Committee at the request of the chairman of the Committee may assist the complaint officer in the carrying out of his duties.

Powers of Committee members

7.4 A member of the Committee or an employee of the Government carrying out a visit, investigation or other matter on behalf of the Committee has the same powers that the Committee would have if it were carrying out the visit, investigation or other matter.

Court order

7.5(1) If the Committee, a member of the Committee or an employee of the Government acting on behalf of the Committee is refused entry to a hospital for the purposes of conducting a visit or an investigation, the chairman of the Committee or a person designated by him may apply to the Court of Queen's Bench by originating notice for an order permitting the Committee, member or employee to

(a) enter the hospital at any reasonable hour and conduct the visit or investigation, and

(b) require the production of any records of the hospital, other than those referred to in section 7(2).

(2) An application under subsection (1) may be made ex parte, if the Court considers it proper to do so in the circumstances.

6 The following is added after section 8:

Act binds Crown

8.1 This Act binds the Crown.

7 This Act comes into force on a date or dates to be fixed by Proclamation.